

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: Florida Half Century Amateur Softball Association, Inc. Agreement

DEPARTMENT: Economic Development

DIVISION: Tourism Development

AUTHORIZED BY: William McDermott

CONTACT: Fran Sullivan

EXT: 2906

MOTION/RECOMMENDATION:

Approve and authorize the Chairman to execute an agreement with Florida Half Century Amateur Softball Association, Inc. for the State Senior Softball Tournaments in the amount of \$15,380.00.

County-wide

William McDermott

BACKGROUND:

Florida Half Century ASA, Inc. promotes and conducts slow-pitch softball tournaments for players 50 years of age and older. This is the organization's first request for tourist tax funding. In FY 2007-08, six tournaments were held in Seminole County with an average of 263 hotel rooms and average economic impact of approximately \$235,000. In FY 2006-07, eight tournaments were held in Seminole County with an average of 208 hotel rooms and average economic impact of \$283,709.

Teams come from all over the state of Florida. The first tournament was held in January 24-25, 2009. Four additional tournaments will be held in April (2 tournaments), July and August. Fifty (50) teams of twelve (12) players are expected to participate in each two-day tournament. Approximately 500 hotel rooms are expected, with anticipated direct economic impact of approximately \$816,300.

Tourist tax funds will be used for use of Seminole County softball facilities and Altamonte Sports softball facilities (\$3,076 per tournament).

The Tourist Development Council recommended this expenditure at their February 5, 2009 meeting. Funds are available in Tourism Development's FY 2008-09 promotional budget.

STAFF RECOMMENDATION:

Staff recommends the Board approve and authorize the Chairman to execute an agreement with Florida Half Century Amateur Softball Association, Inc. for the State Senior Softball Tournaments in the amount of \$15,380.00.

ATTACHMENTS:

1. Agreement

Additionally Reviewed By:

- ☒ Budget Review (Angela Singleton, Lisa Spriggs)
- ☒ County Attorney Review (Ann Colby)

STATE SENIOR SOFTBALL TOURNAMENTS AGREEMENT

THIS AGREEMENT is made and entered this _____ day of _____, 2009, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as "COUNTY", and **FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC.**, whose address is 14607 Brentwood Lane, Tampa, Florida 33618, hereinafter referred to as "FHCASA".

W I T N E S S E T H:

WHEREAS, the Florida State Legislature enacted Section 125.0104, Florida Statutes, known as the "Local Option Tourist Development Act" in response to the growing need of Florida counties to provide additional revenue sources for tourist development to stimulate the local economy; and

WHEREAS, Section 125.0104, Florida Statutes, provides that Tourist Development Tax Revenues may be used to acquire, construct, extend, enlarge, remodel, repair, improve, maintain, operate, or promote publicly owned or operated convention centers, sports stadiums, sports arenas, coliseums, or auditoriums within the boundaries of COUNTY's special taxing district in which the tax is levied; and

WHEREAS, the voters of Seminole County approved by referendum the imposition of the Tourist Development Tax on transient rental accommodations in Seminole County; and

WHEREAS, COUNTY, in coordination with the Tourist Development Council, wishes to appropriate Tourist Development Tax Revenues as operational funds to host the State Senior Softball Tournaments to be held at the Merrill Park Complex in Altamonte Springs, Florida, and the Seminole County Softball Complex and Red Bug Lake Park, also in Seminole County, January 24-25, April 4-5, April 18-19, July 11-12, and August 22-23, 2009; and

WHEREAS, said tourist tax monies will be used to pay for the above-listed publicly owned and operated facilities,

NOW, THEREFORE, in consideration of the mutual understandings and agreements set forth herein, COUNTY and FHCASA agree as follows:

Section 1. Term. This Agreement shall be effective from January 1, 2009 until December 31, 2009, notwithstanding the date it is executed by the parties, unless earlier terminated as provided herein.

Section 2. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days written notice to the other party as provided for herein or, at the option of COUNTY, immediately in the event that FHCASA fails to fulfill any of the terms, understandings, or covenants of this Agreement. COUNTY shall not be obligated to pay for any services provided or costs incurred by FHCASA after FHCASA has received notice of termination.

Section 3. Services.

(a) The funds from this Agreement shall be used to pay facility use fees at the Merrill Park Complex, the Seminole County Softball Complex and Red Bug Lake Park for the five (5) State Senior Softball Tournaments as described in Exhibit A, attached hereto and incorporated herein by reference.

(b) FHCASA shall submit written invoices to COUNTY for payment of facility use for the tournaments, not to exceed ONE THOUSAND SIXTY AND NO/100 DOLLARS (\$1,060.00) per tournament for the Merrill Park Complex and TWO THOUSAND SIXTEEN AND NO/100 DOLLARS (\$2,016.00) for combined usage of the Seminole County Softball Complex and Red Bug Lake Park, not to exceed a total of FIFTEEN THOUSAND THREE HUNDRED EIGHTY AND NO/100 DOLLARS (\$15,380.00).

(c) The COUNTY shall pay the above listed invoices from tourist tax funds no later than thirty (30) days after their submission.

(d) All promotional packages sent out by FHCASA for the Tournaments, as listed in Exhibit "A", must contain a list of Seminole County hotels provided by the Seminole County Convention and Visitors Bureau. No other hotel list may be included in the promotional packet. All such promotional packets must be approved by COUNTY prior to distribution in order to qualify for reimbursement.

(e) FHCASA shall permit a third-party company, as designated by the COUNTY to conduct on-site surveys during the State Senior Softball Tournaments to coordinate the survey process. FHCASA shall cooperate in making their tournaments accessible in whatever manner necessary for completion of the survey.

(f) After-Event preliminary statistics for room nights and economic impact must be submitted to COUNTY no later than thirty (30) days after the final tournament.

(g) A hotel poll reflecting an accurate accounting of room nights used for each Tournament shall be conducted by FHCASA and submitted to COUNTY no later than thirty (30) days after the Tournament.

(h) FHCASA shall be required to have and maintain a website for the purpose of promoting tourism to and attendance at FHCASA's Tournaments. Said website shall be linked to the Seminole County Tourism website (www.visitseminole.com) and such link shall be maintained throughout the duration of this Agreement.

(i) Failure to comply with or failure to meet the requirements of this Section, including time deadlines, shall result in termination of this Agreement and forfeiture of all financial assistance rendered to FHCASA by COUNTY pursuant to this Agreement.

Section 4. Liability and Insurance.

(a) **Liability.** COUNTY and its Commissioners, officers, employees, and agents shall not be deemed to assume any liability for the acts, omissions and negligence of FHCASA and its officers,

employees, and agents in the performance of services provided hereunder

(b) **Insurance.**

(1) FHCASA shall furnish COUNTY with a Certificate of Insurance signed by an authorized representative of the insurer evidencing the insurance required by this Section (Commercial General Liability). COUNTY, its officials, officers and employees shall be named additional insured under the Commercial General Liability policy. The Certificate of Insurance shall provide that COUNTY shall be given not less than thirty (30) days written notice prior to the cancellation or restriction of coverage. Until such time as the insurance is no longer required to be maintained by FHCASA, FHCASA shall provide COUNTY with a renewal or replacement Certificate of Insurance not less than thirty (30) days before expiration or replacement of the insurance for which a previous certificate has been provided.

(2) The Certificate of Insurance shall contain a statement that it is being provided in accordance with this Agreement and that the insurance is in full compliance with the requirements of this Agreement. In lieu of the statement on the Certificate, FHCASA shall, at the option of COUNTY, submit a sworn, notarized statement from an authorized representative of the insurer that the Certificate is being provided in accordance with this Agreement and that the insurance is in full compliance with the requirements of this Agreement.

(3) In addition to providing the Certificate of Insurance, if required by COUNTY, FHCASA shall, within thirty (30) days after receipt of the request, provide COUNTY with a certified copy of each of the policies of insurance providing the coverage required by this Section.

(4) Neither approval by COUNTY nor failure to disapprove the insurance furnished by FHCASA shall relieve FHCASA of its full responsibility for performance of any obligation including its

indemnification of COUNTY under this Agreement.

(5) Insurance Company Requirements. Insurance companies providing the insurance under this Agreement must meet the following requirements:

(A) Companies issuing policies must be authorized to conduct business in the State of Florida and prove same by maintaining Certificates of Authority issued to the companies by the Department of Insurance of the State of Florida.

(B) In addition, such companies other than those authorized by Section 624.4621, Florida Statutes, shall have and maintain a Best's Rating of "A-" or better and a Financial Size Category of "VII" or better according to A.M. Best Company.

(C) If during the period which an insurance company is providing the insurance coverage required by this Agreement an insurance company shall: 1) lose its Certificate of Authority, or 2) fail to maintain the requisite Best's Rating and Financial Size Category, FHCASA shall, as soon as it has knowledge of any such circumstance, immediately notify COUNTY and immediately replace the insurance coverage provided by the insurance company with a different insurance company meeting the requirements of this Agreement. Until such time as FHCASA has replaced the unacceptable insurer with an insurer acceptable to COUNTY, FHCASA shall be deemed to be in default of this Agreement.

(6) Specifications. Without limiting any of the other obligations or liability of FHCASA, FHCASA shall, at its sole expense, procure, maintain, and keep in force amounts and types of insurance conforming to the minimum requirements set forth in this Section. Except as otherwise specified in this Agreement, the insurance shall become effective prior to the commencement of the Tournaments and shall be maintained in force until this Agreement completion date. The amounts and types of insurance shall conform to the following minimum

requirements.

(A) Commercial General Liability.

(i) FHCASA's insurance shall cover FHCASA for those sources of liability which would be covered by the latest edition of the standard Commercial General Liability Coverage Form (ISO Form CG 00 01), as filed for use in the State of Florida by the Insurance Services Office, without the attachment of restrictive endorsements other than the elimination of Coverage C, Medical Payment, and the elimination of coverage for Fire Damage Legal Liability.

(ii) The minimum limits to be maintained by FHCASA (inclusive of any amounts provided by an Umbrella or Excess policy) shall be as follows:

	<u>LIMITS</u>
General Aggregate	Two (2) Times the Each Occurrence Limit
Personal & Advertising Injury Limit	\$1,000,000.00
Each Occurrence Limit	\$1,000,000.00

(7) Coverage. The insurance provided by FHCASA pursuant to this Agreement shall apply on a primary basis and any other insurance or self-insurance maintained by COUNTY or COUNTY's officials, officers or employees shall be excess of and not contributing with the insurance provided by or on behalf of FHCASA.

(8) Occurrence Basis. The Commercial General Liability required by this Agreement shall be provided on an occurrence rather than a claims-made basis.

Section 5. Billing and Payment. COUNTY hereby agrees to provide funds up to a maximum sum of FIFTEEN THOUSAND THREE HUNDRED EIGHTY AND NO/100 DOLLARS (\$15,380.00) for facility use fees for the Tournaments listed in Exhibit A to this Agreement. Said funds are reimbursable upon:

(a) Receipt by COUNTY of a Request for Funds Form, attached hereto and incorporated herein as Exhibit B, and a facility use invoice from FHCASA requesting all or part of the above be paid by COUNTY. The Request for Funds Form shall be properly completed with attached documentation including the original or copy of invoices and copies of cancelled checks. Such request by FHCASA shall only be for the facility use fees specifically provided for herein. Such Request for Funds Form shall be submitted no later than thirty (30) days after each tournament.

Failure to comply with this requirement shall result in termination of this Agreement and forfeiture of all financial assistance granted to FHCASA pursuant to this Agreement.

(b) Verification by the Seminole County Economic Development/Tourism Director that FHCASA has held the tournaments for which facility use fees are sought and has complied with the reporting requirements contained hereinafter;

(c) The original payment requests shall be sent to:

Original: Director
Seminole County Economic Development/Tourism
1230 Douglas Avenue, Suite 116
Longwood, Florida 32779

A duplicate payment request shall be sent to:

Duplicate: Director, Department of Finance
Seminole County Services Building
1101 East First Street
Sanford, Florida 32771

(d) The final Request for Funds Form shall be accompanied by a detailed report of the economic impact on COUNTY resulting from the Tournament funds for which have been provided hereunder. Such report, attached hereto and incorporated herein as Exhibit C, shall include, but not be limited to, the actual number of hotel or motel rooms occupied, restaurant meals consumed, and estimated goods and services expenditures.

(e) FHCASA is responsible for documenting the number of room nights actually utilized per event at each Seminole County hotel. FHCASA must have each hotel individually certify the actual number of rooms picked up by having the General Manager complete the Hotel Room Pickup Form, attached hereto and incorporated herein as Exhibit D. No payments will be processed until all required documentation has been submitted. COUNTY reserves the right to reduce the maximum amount of any grant awarded in the event guaranteed room nights are not satisfied.

(f) Payment of fees shall be contingent upon FHCASA's compliance with requirements as stated in Exhibit A.

Section 6. Reporting Requirements. In the performance of this Agreement, FHCASA shall maintain books, records, and accounts of all activities in compliance with normal accounting procedures. Each Request for Funds Form shall detail costs incurred. As referenced in Exhibit A, FHCASA shall transmit and certify interim records with each Request for Funds Form submitted to COUNTY.

Section 7. Non-Reimbursable Expenditures.

(a) Non-reimbursable expenditures include, but are not limited to, legal, engineering, accounting, auditing, planning, feasibility studies or consulting services, real property or capital improvements, interest reduction in deficits and liens, prize money, scholarships, awards, plaques or certificates, private entertainment, lodging, food and beverages, and wages, salaries, administrative or travel expenses other than those appearing, if any, in Exhibit A.

(b) The purpose for which Tourist Development Tax grant funds are provided to FHCASA shall not duplicate programs for which monies have been received, committed, or applied for from another source. The monies provided hereunder shall be expended only for the activities or purposes set forth in Exhibit A.

Section 8. Unavailability of Funds. FHCASA acknowledges that Tourist Development Tax revenues are the source of funding for this Agreement and that no other COUNTY revenues shall or may be utilized to meet COUNTY's obligations hereunder. If, for whatever reason, the funds pledged by COUNTY to this program should become unavailable, this Agreement may be terminated immediately, at the option of COUNTY, by written notice of termination to FHCASA as provided hereinafter. COUNTY shall not be obligated to pay for any services provided or costs incurred by FHCASA after FHCASA has received such notice of termination.

In the event there are any unused COUNTY funds, FHCASA shall promptly refund those funds to COUNTY or otherwise use such funds as COUNTY directs.

Section 9. Access to Records. FHCASA shall allow COUNTY, its duly authorized agent, and the public access to such of its records as are pertinent to all services provided hereunder at reasonable times and under reasonable conditions for inspection and examination in accordance with Florida Statutes.

Section 10. Liaison. FHCASA shall submit the original copies of the Request for Funds Forms, the Narrative Progress Report Form, and any other required reports or correspondence to the following:

Director
Seminole County Economic Development/Tourism
1230 Douglas Avenue, Suite 116
Longwood, Florida 32779

Section 11. Notices. Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:

Director
Seminole County Economic Development/Tourism
1230 Douglas Avenue, Suite 116
Longwood, Florida 32779

For FHCASA:

Duane Jones
14607 Brentwood Lane
Tampa, Florida 33618

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 12. Assignments. Neither party to this Agreement shall assign this Agreement nor any interest arising herein without the written consent of the other.

Section 13. Entire Agreement.

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

Section 14. Compliance with Laws and Regulations. In providing all services pursuant to this Agreement, FHCASA shall abide by all statutes, ordinances, rules, and regulations pertaining to or regulating the provisions of such services including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement and shall entitle COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to FHCASA as provided hereinabove.

Section 15. Conflict of Interest.

(a) FHCASA agrees that it will not engage in any action that would create a conflict of interest in the performance of its obligations pursuant to this Agreement with COUNTY or which would

violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, relating to ethics in government.

(b) FHCASA hereby certifies that no officer, agent, or employee of COUNTY has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5 percent), either directly or indirectly, in the business of FHCASA to be conducted here and that no such person shall have any such interest at any time during the term of this Agreement.

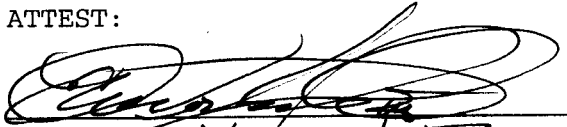
(c) Pursuant to Section 216.347, Florida Statutes, FHCASA hereby agrees that monies received from COUNTY pursuant to this Agreement will not be used for the purpose of lobbying the legislature or any other State or Federal agency.

(Signature Page Follows)



IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purposes herein expressed on the day and year first above written.

ATTEST:


E. H. Bud Wortendyke, Treasurer

FLORIDA HALF CENTURY AMATEUR
SOFTBALL ASSOCIATION, INC.

By: 
MIKE PILVER, Chairman

ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

By: _____
BOB DALLARI, Chairman

Date: _____

For the use and reliance
of Seminole County only.

Approved as to form and
legal sufficiency.

As authorized for execution
by the Board of County Commissioners
at their _____, 20____
regular meeting.



County Attorney

AEC/sjs

2/9/09

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Attachments:

- Exhibit A - Project Description and Expenses
- Exhibit B - Request For Funds Form
- Exhibit C - Economic Impact Report
- Exhibit D - Hotel Room Pickup Form

EXHIBIT A

PART II APPLICATION FOR FUNDS
TOURIST DEVELOPMENT SPONSORSHIP
FY 2008-09

(1) NAME OF ORGANIZATION Florida Half Century Amateur Softball Association Inc.

(2) NAME OF EVENT State Senior Softball Tournaments

(3) CONTACT PERSON Duane Jones

(4) CONTACT PERSON E-MAIL duanejones@mindspring.com

(5) COMPLETE ADDRESS OF ORGANIZATION:

STREET 14607 Brentwood Lane

CITY Tampa ST FL ZIP 33618

PHONE: (813) 453-8302 CELL: N/A FAX: N/A

(6) ORGANIZATION'S CHIEF OFFICIAL: Mike Pilver

TITLE: Chairman Address if different from above:

6853 Circle Creek Drive Pinellas Park, FL 33781

PHONE: (727) 235-1636 CELL: _____ FAX: _____

(7) INTENDED USE OF FUNDS: (Refer to Pages 6-7 - Authorized/Unauthorized
Uses of Funds) Facility Use Fees

(8) AMOUNT REQUESTED \$ 3,076.00 per tournament: 5 tournament total: \$15,380.00

(9) IF ENTIRE REQUEST CANNOT BE FUNDED, CAN THE EVENT BE RESTRUCTURED FOR LESS
FUNDING? () YES (X) NO

II DETAILS ON YOUR ORGANIZATION:

In narrative form please describe your organization in the following areas. **Use a separate sheet to complete these questions in detail.** (see separate sheet)

- (1) What are your organization's goals and objectives?
- (2) What services does your organization provide?
- (3) How will your organization monitor expenditure of funds?
- (4) How will your event bring additional visitors and hotel room nights to Seminole County?
- (5) What is your organization's experience in managing sponsorships and grants?

From Page 10

II Details on your Organization:

- (1) Provide a quality year long softball program for Florida's senior softball players 50 years of age and over.
- (2) Softball tournaments for Florida seniors with over 200 teams affiliated with Florida Half Century.
- (3) Funds are monitored by each host team, organization secretary and treasurer.
- (4) Teams come from all over the State of Florida. Promotional fliers are sent to over 100 teams for each event. Events are also promoted on the Florida Half Century website and the Altamonte Sports website. In the past two years Florida Half Century Tournaments have accounted for over 3000 room nights in Seminole County.
- (5) Florida Half Century has experience in handling grants with other convention and visitors bureaus in Polk County, Pinellas County, Hillsborough County and Highlands County.

III EVENT INFORMATION (Use additional sheets where necessary.)

- (1) EVENT NAME: Florida Half Century Softball Tournaments
- (2) TYPE OF EVENT: Slow Pitch Softball Tournaments for Seniors
- (3) DATE OF EVENT: January 24-25, April 4-5, April 18-19, July 11-12, August 22-23, 2009
- (4) NUMBER OF DAYS: 2 HOURS: FROM: 8:00am TO: 5:00pm
- (5) EVENT PROMOTER (IF OTHER THAN YOUR ORGANIZATION)
NAME OF PROMOTER Altamonte Sports
COMPANY NAME City of Altamonte Springs
ADDRESS: 225 Newburyport Avenue, Altamonte Springs, FL 32701
PHONE and FAX (407) 571-8746 and (407) 571-8752
- (6) PROJECTED NUMBER OF LOCAL PARTICIPANTS,
GUESTS AND MEDIA 120 each tournament
- (7) PROJECTED NUMBER OF OUT-OF-COUNTY PARTICIPANTS: 600 (50 teams X 12 players)
each tournament
AVERAGE NUMBER OF DAYS STAY IN SEMINOLE COUNTY: 2
- (8) PROJECTED NUMBER OF OUT-OF-COUNTY GUESTS OF PARTICIPANTS: 600 each tournament
AVERAGE NUMBER OF DAYS STAY IN SEMINOLE COUNTY: 2
- (9) PROJECTED NUMBER OF OUT-OF-COUNTY MEDIA PERSONS: 0
- (10) PROVIDE THE ESTIMATED DIRECT ECONOMIC IMPACT ON SEMINOLE COUNTY FROM YOUR
EVENT (DO NOT USE MULTIPLIERS): \$163,260.00 per tournament: 5 tournament total:
\$816,300.00
HOW DID YOU CALCULATE THIS ESTIMATED IMPACT? PLEASE EXPLAIN.
Seminole County Exhibit C.
- (11) WHAT IS THE **GUARENTEED MINIMUM** NUMBER OF ROOM NIGHTS YOUR EVENT WILL
BRING TO SEMINOLE COUNTY? 100 per event totaling 500 rm. nights for all 5 events
Note: This number is the minimum number of rooms that must be captured by the event and documented
by submitting the Room Night Pick-Up Form (Exhibit D) within 90 days of the conclusion of the event.
Failure to meet this minimum room night guarantee, the total amount of grant disbursement will be
decided by the Seminole County CVB.
- (12) PROVIDE A LIST OF OTHER EVENT SPONSORS AND THE AMOUNT(S)
OF THEIR SPONSORSHIPS. Altamonte Sports \$1,050.00 per tournament

(13) PROVIDE THE LOCATION, CONTACT NAME AND PHONE NUMBER FOR THE EVENT FOR THE LAST THREE YEARS. Tom Farnsworth (407) 571-8746 City of Altamonte Springs

(14) PLEASE PROVIDE DETAILS OF HOW THE EVENT WILL WORK.

IV SPORTING EVENT (If Applicable)

(1) NAME OF
SPORT/EVENT: Florida Half Century Softball Tournaments

(2) LOCATION OF EVENT: (IF MORE THAN ONE, LIST ON SEPARATE SHEET.)

See attached sheet

(3) TOTAL NUMBER OF FIELDS NEEDED: 10 each tournament

(4) TOTAL NUMBER OF FIELDS NEEDED PER DAY: 10 each tournament

(5) NUMBER OF LIGHTED FIELDS REQUIRED: 0

(6) PROVIDE FIELD USE TIMES BY DAY. 8:00am to 5:00pm

(6) SPECIAL FIELD REQUIREMENTS (PLEASE SPECIFY):

Senior Specs: Double home plate and double first base. Commitment line down
third base line.

V OTHER OUTDOOR EVENT:

(1) LOCATION AND SIZE OF EVENT VENUE:

(2) SPECIAL SITE

REQUIREMENTS: _____

EVENT BUDGET SUMMARY

INCOME SOURCES:

TOURIST DEVELOPMENT TAX REQUEST \$ 15,380.00

ADDITIONAL FUNDING SOURCES (Seminole County cannot be sole source.)

Altamonte Sports (\$1,050.00 per tournament) \$ 5,250.00

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL ADDITIONAL FUNDS \$ 5,250.00

OTHER INCOME SOURCES

Entry Fees (\$195.00 X 60 teams = \$11,700.00 per tourney) \$ 58,500.00

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL OTHER INCOME \$ 58,500.00

TOTAL INCOME ALL SOURCES \$ 79,130.00

EVENT EXPENSES:

Provide an itemized summary indicating the intended use of TDC funds. Please be as explicit as possible, including intended publications, promotional materials, etc. and how much money will be expended (tentatively) for each category. Use additional sheets if necessary.

Intended Utilization of Tourist Tax Funds

(Please refer to authorized and unauthorized uses on page 6-7)

Public Facility Rental Fees (for all 5 tournaments)	\$ 15,380.00
- Seminole County & Red Bug Softball Complex- per tourn.	\$ 2,016.00
Merrill Park Softball Complex-per tournament	\$ 1,060.00

(See attached facility invoices)

Total Tourism Funds: \$ 15,380.00

Other Event Expenses

Umpires (\$54.00 X 120 games = \$6,480 per tournament)	\$ 32,400.00
Scorekeepers (\$9.00 X 120 games = \$1,080 per tourney)	\$ 5,400.00
Awards (\$1,500.00 per tournament)	\$ 7,500.00
Softballs (\$800.00 per tournament)	\$ 4,000.00
Promotional Flyers (\$250.00 per tournament)	\$ 1,250.00
FHC Tourney Admin (\$1,000.00 per tournament)	\$ 5,000.00
ISA Insurance/Sanction (\$1,000.00 per tournament)	\$ 5,000.00
FHC Commissioner Fee (\$300.00 per tournament)	\$ 1,500.00

Total Other Event Expenses \$ 62,050.00

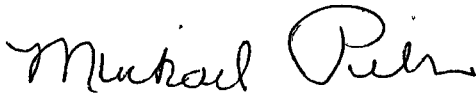
TOTAL EVENT EXPENSES \$ 77,430.00

TOTAL EVENT EXPENSES

\$ _____

CERTIFICATION

I have reviewed this Application for Funds from the Tourist Development Council for
FY 2008-09. I am in full agreement with the information contained herein. To the
best of my knowledge, the information contained in this Application and its
attachments is accurate and complete.



Chief Corporate Officer

10-17-08

Date

Seal


Corporation Secretary

10/18/08
Date

Addendum

Florida Half Century Softball

Fiscal Year 2007-2008

Date	Teams	Room Nights	Economic Impact
Oct. 20-21, '07	52	361	\$277,011.00
Nov. 3-4, '07	32	183	\$169,720.00
Dec. 7-8, '07	79	436	\$417,879.00
Jan. 4-6, '07	51	218	\$204,000.00
April 12-13, '08	35	184	\$170,300.00
July 12-13, '08	37	195	\$171,104.00

Fiscal Year 2006-2007

Date	Teams	Room Nights	Economic Impact
Oct. 7-8, '07	46	151	\$298,423.00
Oct. 14-15, '07	60	244	\$366,300.00
Dec. 3-4, '07	60	339	\$388,006.00
Jan. 20-21, '08	25	110	\$151,605.00
Mar. 30-Apr. 1, '08	64	335	\$338,436.00
April 21-22, '08	32	56	\$171,360.00
June 16-17, '08	60	349	\$388,006.00
Aug. 4-5, '08	33	77	\$167,538.00

Seminole County - Economic Impact

Half Century Total for all 5 events				Quantity	Multiplier	Event days	TOTALS
How much will event organizers spend locally?							
How many adult out-of state participant days expected?					\$ 152.00		\$ -
How many adult out-of state spectator days expected?					\$ 152.00		\$ -
How many out-of state media/professional days expected?					\$ 152.00		\$ -
How many youth out-of state participant days are expected?					\$ 76.00		\$ -
How many youth out-of state spectator days are expected?					\$ 76.00		\$ -
How many in state participant/spectator/medial professionals expected?				6,000	\$ 68.00	2	\$ 816,000.00
What is the expected event-site spending?							
What other expenditures, if any, are anticipated?							
TOTAL DIRECT IMPACT =							\$ 816,000.00
Total output economic impact:				Direct Impact	Divider	Multiplier	
Total earnings impact:				\$ 816,000.00		1.5	\$ 1,224,000.00
Total employment impact:				\$ 816,000.00		0.57	\$ 465,120.00
				\$ 816,000.00	1,000,000	22	17.95
					Non-Taxable		
				Direct Impact	Sales	Sales Tax Rate	
STATE SALES TAX GENERATED:				\$ 816,000.00		0.06	\$ 48,960.00
						Florida DOR	
					State Sales Tax	Disbursement	
					Generated	Multiplier	
STATE SALES TAX REIMBURSED TO COUNTY:					\$ 48,960.00	0.09653	\$ 4,726.11
					Non-Taxable	Option Sales	
				Direct Impact	Sales	Tax Rate	
COUNTY LOCAL OPTION SALES TAX:				\$ 816,000.00	\$ -	0.01	\$ 8,160.00
				Estimated Rooms	Approximate Hotel	Average Room	
				Per Night To Be Secured	Rooms Secured	Rate Per Night	
TOTAL HOTEL IMPACT:				50	500	\$89.00	\$ 44,500.00
					Total Hotel		
					Impact	Resort Tax Rate	
COUNTY RESORT TAX RECOUPED:				\$ 44,500.00		0.03	\$ 1,335.00
TOTAL RESORT TAX & STATE SALES TAX RECOUPED BY COUNTY:							\$ 14,221.11
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE COUNTY:							\$ -
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE CITY:							\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE COUNTY:							\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE CITY:							\$ -
APPROXIMATE REVENUE RECOUPED BY THE COUNTY ON THE EVENT:							\$ 14,221.11

Exhibit C

Seminole County - Economic Impact

Half Century January 24-25	Quantity	Multiplier	Event days	TOTALS
How much will event organizers spend locally?				
How many adult out-of state participant days expected?		\$ 152.00		\$ -
How many adult out-of state spectator days expected?		\$ 152.00		\$ -
How many out-of state media/professional days expected?		\$ 152.00		\$ -
How many youth out-of state participant days are expected?		\$ 76.00		\$ -
How many youth out-of state spectator days are expected?		\$ 76.00		\$ -
How many in state participant/spectator/media/ professionals expected?	1,200	\$ 68.00	2	\$ 163,200.00
What is the expected event-site spending?				
What other expenditures, if any, are anticipated?				
TOTAL DIRECT IMPACT =				\$ 163,200.00
	Direct Impact	Divider	Multiplier	
Total output economic impact:	\$ 163,200.00		1.5	\$ 244,800.00
Total earnings impact:	\$ 163,200.00		0.57	\$ 93,024.00
Total employment impact:	\$ 163,200.00	1,000,000	22	3.59
		Non-Taxable Sales	Sales Tax Rate	
STATE SALES TAX GENERATED:	\$ 163,200.00		0.06	\$ 9,792.00
		State Sales Tax Generated	Florida DOR Disbursement Multiplier	
STATE SALES TAX REIMBURSED TO COUNTY:		\$ 9,792.00	0.09653	\$ 945.22
	Direct Impact	Non-Taxable Sales	Option Sales Tax Rate	
COUNTY LOCAL OPTION SALES TAX:	\$ 163,200.00	\$ -	0.01	\$ 1,632.00
	Estimated Rooms Per Night To Be Secured	Estimated Nights In Town	Approximate Hotel Rooms Secured	Average Room Rate Per Night
TOTAL HOTEL IMPACT:	50	2	100	\$89.00
		Total Hotel Impact		
COUNTY RESORT TAX RECOUPED:	\$ 8,900.00		0.03	\$ 267.00
TOTAL RESORT TAX & STATE SALES TAX RECOUPED BY COUNTY:				\$ 2,844.22
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE COUNTY:				\$ -
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE CITY:				\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE COUNTY:				\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE CITY:				\$ -
APPROXIMATE REVENUE RECOUPED BY THE COUNTY ON THE EVENT:				\$ 2,844.22

Exhibit C

Seminole County - Economic Impact

Half Century April 4-5, 2009	Quantity	Multiplier	Event days	TOTALS
How much will event organizers spend locally?				
How many adult out-of state participant days expected?		\$ 152.00		\$ -
How many adult out-of state spectator days expected?		\$ 152.00		\$ -
How many out-of state media/professional days expected?		\$ 152.00		\$ -
How many youth out-of state participant days are expected?		\$ 76.00		\$ -
How many youth out-of state spectator days are expected?		\$ 76.00		\$ -
How many in state participant/spectator/media/ professionals expected?	1,200	\$ 68.00	2	\$ 163,200.00
What is the expected event-site spending?				
What other expenditures, if any, are anticipated?				
TOTAL DIRECT IMPACT =				\$ 163,200.00
	Direct Impact	Divider	Multiplier	
Total output economic impact:	\$ 163,200.00		1.5	\$ 244,800.00
Total earnings impact:	\$ 163,200.00		0.57	\$ 93,024.00
Total employment impact:	\$ 163,200.00	1,000,000	22	3.59
		Non-Taxable Sales		
	Direct Impact	Sales	Sales Tax Rate	
STATE SALES TAX GENERATED:	\$ 163,200.00		0.06	\$ 9,792.00
			Florida DOR	
		State Sales Tax Generated	Disbursement	
			Multiplier	
STATE SALES TAX REIMBURSED TO COUNTY:		\$ 9,792.00	0.09653	\$ 945.22
		Non-Taxable Sales	Option Sales	
	Direct Impact	Sales	Tax Rate	
COUNTY LOCAL OPTION SALES TAX:	\$ 163,200.00	\$ -	0.01	\$ 1,632.00
	Estimated Rooms Per Night To Be Secured	Approximate Hotel Rooms Secured	Average Room Rate Per Night	
TOTAL HOTEL IMPACT:	50	100	\$89.00	\$ 8,900.00
		Total Hotel Impact		
COUNTY RESORT TAX RECOUPED:		\$ 8,900.00	0.03	\$ 267.00
TOTAL RESORT TAX & STATE SALES TAX RECOUPED BY COUNTY:				\$ 2,844.22
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE COUNTY:				\$ -
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE CITY:				\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE COUNTY:				\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE CITY:				\$ -
APPROXIMATE REVENUE RECOUPED BY THE COUNTY ON THE EVENT:				\$ 2,844.22

Exhibit C

Seminole County - Economic Impact

Half Century April 18-19, 2009	Quantity	Multiplier	Event days	TOTALS
How much will event organizers spend locally?				
How many adult out-of state participant days expected?		\$ 152.00		\$ -
How many adult out-of state spectator days expected?		\$ 152.00		\$ -
How many out-of state media/professional days expected?		\$ 152.00		\$ -
How many youth out-of state participant days are expected?		\$ 76.00		\$ -
How many youth out-of state spectator days are expected?		\$ 76.00		\$ -
How many in state participant/spectator/media/ professionals expected?	1,200	\$ 68.00	2	\$ 163,200.00
What is the expected event-site spending?				
What other expenditures, if any, are anticipated?				
TOTAL DIRECT IMPACT =				\$ 163,200.00
	Direct Impact	Divider	Multiplier	
Total output economic impact:	\$ 163,200.00		1.5	\$ 244,800.00
Total earnings impact:	\$ 163,200.00		0.57	\$ 93,024.00
Total employment impact:	\$ 163,200.00	1,000,000	22	3.59
		Non-Taxable Sales	Sales Tax Rate	
STATE SALES TAX GENERATED:	Direct Impact			
	\$ 163,200.00		0.06	\$ 9,792.00
		State Sales Tax Generated	Florida DOR Disbursement Multiplier	
STATE SALES TAX REIMBURSED TO COUNTY:		\$ 9,792.00	0.09653	\$ 945.22
		Non-Taxable Sales	Option Sales Tax Rate	
COUNTY LOCAL OPTION SALES TAX:	Direct Impact			
	\$ 163,200.00	\$ -	0.01	\$ 1,632.00
	Estimated Rooms	Approximate Hotel Rooms Secured	Average Room Rate Per Night	
	Per Night To Be Secured	100	\$89.00	\$ 8,900.00
TOTAL HOTEL IMPACT:	50	2		
	Total Hotel Impact		Resort Tax Rate	
COUNTY RESORT TAX RECOUPED:		\$ 8,900.00	0.03	\$ 267.00
TOTAL RESORT TAX & STATE SALES TAX RECOUPED BY COUNTY:				\$ 2,844.22
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE COUNTY:				\$ -
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE CITY:				\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE COUNTY:				\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE CITY:				\$ -
APPROXIMATE REVENUE RECOUPED BY THE COUNTY ON THE EVENT:				\$ 2,844.22

Exhibit C

Seminole County - Economic Impact

Half Century July 11-12, 2009				Quantity	Multiplier	Event days	TOTALS
How much will event organizers spend locally?							
How many adult out-of-state participant days expected?					\$ 152.00		\$ -
How many adult out-of-state spectator days expected?					\$ 152.00		\$ -
How many out-of-state media/professional days expected?					\$ 152.00		\$ -
How many youth out-of-state participant days are expected?					\$ 76.00		\$ -
How many youth out-of-state spectator days are expected?					\$ 76.00		\$ -
How many in state participant/spectator/media/ professionals expected?				1,200	\$ 68.00	2	\$ 163,200.00
What is the expected event-site spending?							
What other expenditures, if any, are anticipated?							
TOTAL DIRECT IMPACT =							\$ 163,200.00
Total output economic impact:				Direct Impact	Divider	Multiplier	
Total earnings impact:				\$ 163,200.00		1.5	\$ 244,800.00
Total employment impact:				\$ 163,200.00		0.57	\$ 93,024.00
				\$ 163,200.00	1,000,000	22	3.59
					Non-Taxable Sales	Sales Tax Rate	
STATE SALES TAX GENERATED:				Direct Impact			
				\$ 163,200.00		0.06	\$ 9,792.00
						Florida DOR	
					State Sales Tax Generated	Disbursement Multiplier	
STATE SALES TAX REIMBURSED TO COUNTY:					\$ 9,792.00	0.09653	\$ 945.22
					Non-Taxable Sales	Option Sales Tax Rate	
COUNTY LOCAL OPTION SALES TAX:				Direct Impact			
				\$ 163,200.00	\$ -	0.01	\$ 1,632.00
				Estimated Rooms Per Night To Be Secured	Approximate Hotel Rooms Secured	Average Room Rate Per Night	
TOTAL HOTEL IMPACT:				50	100	\$89.00	\$ 8,900.00
				Total Hotel Impact		Resort Tax Rate	
COUNTY RESORT TAX RECOUPED:					\$ 8,900.00	0.03	\$ 267.00
TOTAL RESORT TAX & STATE SALES TAX RECOUPED BY COUNTY:							\$ 2,844.22
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE COUNTY:							\$ -
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE CITY:							\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE COUNTY:							\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE CITY:							\$ -
APPROXIMATE REVENUE RECOUPED BY THE COUNTY ON THE EVENT:							\$ 2,844.22

Exhibit C

Seminole County - Economic Impact

Half Century August 22-23, 2009	Quantity	Multiplier	Event days	TOTALS
How much will event organizers spend locally?				
How many adult out-of state participant days expected?	\$	152.00		\$ -
How many adult out-of state spectator days expected?	\$	152.00		\$ -
How many out-of state media/professional days expected?	\$	152.00		\$ -
How many youth out-of state participant days are expected?	\$	76.00		\$ -
How many youth out-of state spectator days are expected?	\$	76.00		\$ -
How many in state participant/spectator/medial professionals expected?	1,200	\$ 68.00	2	\$ 163,200.00
What is the expected event-site spending?				
What other expenditures, if any, are anticipated?				
TOTAL DIRECT IMPACT =				\$ 163,200.00
	Direct Impact	Divider	Multiplier	
Total output economic impact:	\$ 163,200.00		1.5	\$ 244,800.00
Total earnings impact:	\$ 163,200.00		0.57	\$ 93,024.00
Total employment impact:	\$ 163,200.00	1,000,000	22	3.59
		Non-Taxable Sales		
	Direct Impact	Sales	Sales Tax Rate	
STATE SALES TAX GENERATED:	\$ 163,200.00		0.06	\$ 9,792.00
			Florida DOR	
		State Sales Tax Generated	Disbursement	
			Multiplier	
STATE SALES TAX REIMBURSED TO COUNTY:		\$ 9,792.00	0.09653	\$ 945.22
		Non-Taxable Sales	Option Sales	
	Direct Impact	Sales	Tax Rate	
COUNTY LOCAL OPTION SALES TAX:	\$ 163,200.00	\$ -	0.01	\$ 1,632.00
	Estimated Rooms	Approximate Hotel	Average Room	
	Per Night To Be Secured	Nights In Town	Rate Per Night	
TOTAL HOTEL IMPACT:	50	2	\$89.00	\$ 8,900.00
	Total Hotel	Impact	Resort Tax Rate	
COUNTY RESORT TAX RECOUPED:	\$ 8,900.00		0.03	\$ 267.00
TOTAL RESORT TAX & STATE SALES TAX RECOUPED BY COUNTY:				\$ 2,844.22
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE COUNTY:				\$ -
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE CITY:				\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE COUNTY:				\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE CITY:				\$ -
APPROXIMATE REVENUE RECOUPED BY THE COUNTY ON THE EVENT:				\$ 2,844.22

EXHIBIT "B"
REQUEST FOR FUNDS

SEMINOLE COUNTY TOURISM DEVELOPMENT
1230 DOUGLAS AVENUE, #116, LONGWOOD FL 32779

EVENT NAME _____

ORGANIZATION _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF CONTACT _____ CONTACT TELEPHONE _____

CONTACT E-MAIL _____

EVENT DATE FROM _____ TO _____

REQUEST # _____

() INTERIM REPORT () FINAL REPORT

TOTAL CONTRACT AMOUNT \$ _____

<u>EXPENSE</u>	<u>BUDGET</u>	<u>REIMBURSEMENT REQUESTED</u>
_____	_____	_____
_____	_____	_____
TOTALS	_____	_____

(For Final Report only)

Please complete the following:

#of Hotels used _____

#of Hotel room nights _____

#of out-of-town participants _____

#of out-of-town fans _____

#of out-of-town media _____

Total direct economic impact \$ _____

NOTE: Furnishing false information may constitute a violation of applicable State and Federal laws.

CERTIFICATION OF FINANCIAL OFFICER: I certify that the above information is correct based on our official accounting system and records, consistently applied and maintained and that the cost shown have been made for the purpose of and in accordance with, the terms of the contract. The funds requested are for reimbursement of actual cost made during this time period.

SIGNATURE _____ TITLE _____

Exhibit C

Seminole County - Economic Impact

	Quantity	Multiplier	Event days	TOTALS
How much will event organizers spend locally?				
How many adult out-of state participant/spectator days expected?		\$ 143.00		\$ -
How many youth out-of state participant/spectator days are expected?		\$ 72.00		\$ -
How many adult in-state participant/spectator days expected?		\$ 125.00		\$ -
How many youth in-state participant/spectator days are expected?		\$ 63.00		\$ -
How many out-of state media/professional days expected?		\$ 143.00		\$ -
How many in state media/ professionals expected?		\$ 125.00		\$ -
What is the expected event-site spending?				
What other expenditures, if any, are anticipated?				
TOTAL DIRECT IMPACT =				\$ -
	Direct Impact	Divider	Multiplier	
Total output economic impact:	\$ -		1.5	\$ -
Total earnings impact:	\$ -		0.57	\$ -
Total employment impact:	\$ -	1,000,000	22	\$ -
		Non-Taxable Sales	Sales Tax Rate	
STATE SALES TAX GENERATED:	\$ -		0.06	\$ -
		State Sales Tax Generated	Florida DOR Disbursement Multiplier	
STATE SALES TAX REIMBURSED TO COUNTY:		\$ -	0.09653	\$ -
		Non-Taxable Sales	Option Sales Tax Rate	
COUNTY LOCAL OPTION SALES TAX:	Direct Impact			
	\$ -	\$ -	0.01	\$ -
	Estimated Rooms	Approximate Hotel Rooms Secured	Average Room Rate Per Night	
	Per Night To Be Secured			
TOTAL HOTEL IMPACT:				\$ -
	Total Hotel Impact		Resort Tax Rate	
COUNTY RESORT TAX RECOUPED:	\$ -		0.05	\$ -
TOTAL RESORT TAX & STATE SALES TAX RECOUPED BY COUNTY:				\$ -
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE COUNTY:				\$ -
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE CITY:				\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE COUNTY:				\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE CITY:				\$ -
APPROXIMATE REVENUE RECOUPED BY THE COUNTY ON THE EVENT:				\$ -



Exhibit D

SEMINOLE COUNTY CONVENTION & VISITORS BUREAU (CVB)

ROOM NIGHT PICKUP CERTIFICATION FORM

Request for Room Night Pick-UP

Attn: General Manager, please provide the room night information for the event dates listed below as soon as possible:

Hotel Name/ Location: _____

Contact Person: _____ **Phone:** _____

Group Name: _____

Event Name: _____

Event Dates: _____

I certify the organization/event listed above consumed the following room nights:

Total Number of Room Nights Picked up from Events _____

GM Signature: _____

The purpose of this form is to **certify the number of local hotel room nights in Seminole County attributable to this event.**

The Seminole County CVB reserves the right to unilaterally reduce the maximum amount of any grant awarded should the applicant's room night guarantee not be satisfied or documented with this Room Night Pick Up Certification Form.

Your cooperation in completing this form is greatly appreciated. For additional information please contact Sharon Sears, CVB Executive Director at (407) 665-2901.
